

SADDLEBACK PORTABLE X-RAY  
PHONE: 714.835.2915  
FAX: 714.543.3114

RADIOLOGY  
ORDER REPORT

<b>PATIENT'S NAME:</b> New Patient	<b>PATIENT'S ID:</b> 58956	<b>DATE OF BIRTH:</b> 08-01-2017	<b>SEX:</b>	
<b>ADDRESS:</b>	<b>CITY, STATE &amp; ZIP:</b> , ,	<b>PHONE NO:</b>		
<b>ORDERING FACILITY:</b> ASPC Eyman		<b>ADDRESS:</b> 4374 East Butte Ave.		
<b>CITY, STATE &amp; ZIP:</b> Florence, AZ, 85312	<b>PHONE NO:</b>	<b>FAX:</b>	<b>NPI:</b>	
<b>REQUESTED DATE/TIME OF SERVICE:</b> 05-22-2017, 20:00		<b>TECHNOLOGIST:</b> TECH THREE		
<b>REFERRING DR'S NAME:</b> KAMRON AFLATOON	<b>NPI:</b>	<b>PHONE NO:</b>	<b>FAX:</b>	

<b>CPT CODE #1:</b> 72050	<b>PROCEDURE #1:</b> Cervical, 4 views	
<b>CPT CODE #2:</b> 72050	<b>PROCEDURE #2:</b> Cervical, 4 views	

SYMPTOMS:

<b>MEDICARE #:</b>	<b>MEDICAID #:</b>	<b>INSURANCE CO. :</b>	<b>POLICY GROUP/FECA #:</b>
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PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_